



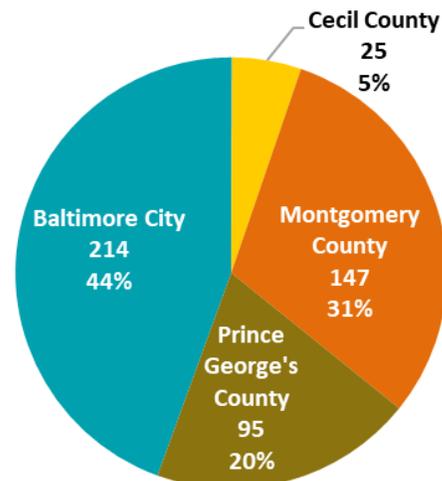
# The Hilltop Institute

## Assistance in Community Integration Services (ACIS): CY 2021 Review

The ACIS pilot program began in late 2017 with the goal of reducing unnecessary health services use among Medicaid beneficiaries by providing tenancy and housing case management services through four lead entities (LEs) located in Baltimore City and Cecil, Montgomery, and Prince George's Counties. The program is targeted for adults who meet the U.S. Department of Housing and Urban Development's *head of household* definition. The pilot program is authorized under Maryland's §1115 HealthChoice Waiver.

### ACIS Participants Served, by Lead Entity

The four LEs served 481 participants during calendar year (CY) 2021. This is heavily dictated by the number of participants each LE is permitted to serve. Each year, the Maryland Department of Health invites the LEs to apply to serve additional participants as their capacity permits.

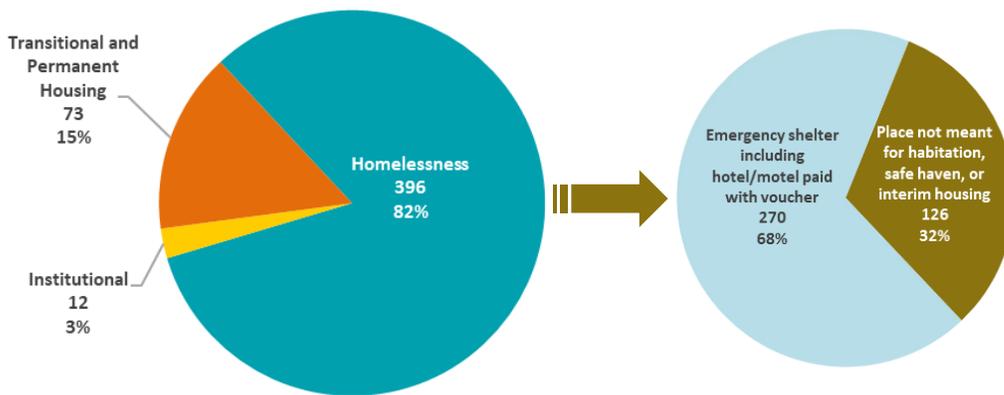


### About the Participants Served

Demographics	Frequency (N=481)	Percentage
<b>Sex</b>		
Female	186	38.7%
Male	295	61.3%
<b>Race/Ethnicity</b>		
Black	292	60.7%
Hispanic/Other/Unknown	105	21.8%
White	84	17.5%
<b>Age Group (Years)</b>		
Under 30	58	21.1%
31 to 40	96	20.0%
41 to 50	101	21.0%
51 to 60	166	34.5%
61+	60	12.5%

Overall, the ACIS pilot program served more males (61.3%) than females (38.7%) in CY 2021. With respect to race, 60.7% of ACIS participants were Black, followed by 21.8% Hispanic/Other/Unknown. Participants aged 51 to 60 years made up the largest age group overall: 34.5%.

## Living Situation at Time of Enrollment



The majority (82%) of ACIS participants were homeless when they enrolled in the program. The specific situations of those who were homeless is shown in the second pie chart, 68% were in emergency shelters paid for with a voucher. The remaining 32% were in either places not meant for habitation, safe havens, or interim housing.

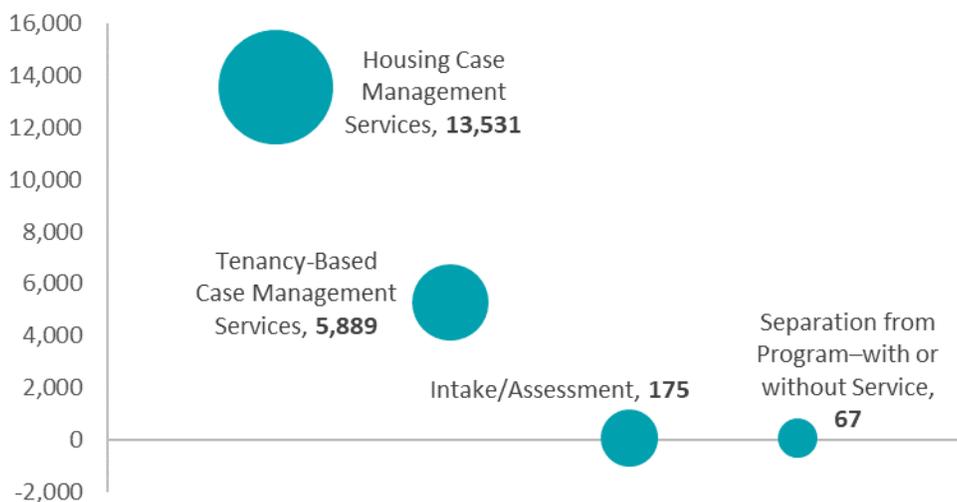
## Participants' Use of ACIS Services

A minimum of three eligible services must be provided to a participant to meet the per member per month (PMPMP) threshold for payment to an LE (see page 4). Per person averages were computed by dividing the total number of services, by the participants receiving those services. Baltimore City and Montgomery County provided the highest PMPMP eligible services per person (6.2 and 6.1 respectively), doubling the required number of services per participant to receive payment.

Average Use of ACIS Services per Person, by Type and LE, CY 2021

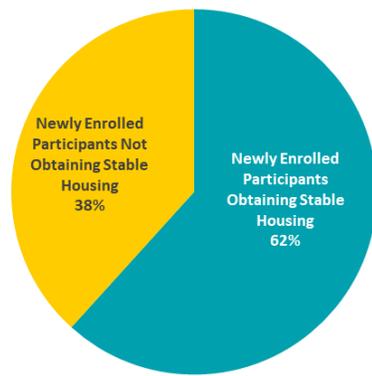
Lead Entity	Average PMPMP Eligible Services per Person	Average Non-PMPMP Eligible Services per Person
Baltimore City	6.2	1.7
Cecil County	3.1	1.2
Montgomery County	6.1	1.5
Prince George's County	3.4	1.3

ACIS Services Used, CY 2021



Overall, the majority (69%, or 13,531) of services provided to ACIS participants were housing case management, followed by tenancy-based case management.

## Newly Enrolled Participants Who Achieved Stable Housing



The majority (62%) of the ACIS participants who enrolled in CY 2021 achieved stable housing within the year (see page 4).

## Participants' Use of Health Services

A majority (75.7%) of ACIS participants had at least one ambulatory care visit during CY 2021.

Additionally, 82.3% had no inpatient admissions, and 47.8% had no visits to the ED.

Health Service Utilization	Frequency (N=481)	Percentage
<b>Emergency Department (ED) Visits</b>		
At Least One Visit	251	52.2%
No Visits	230	47.8%
<b>Avoidable ED Visits</b>		
At Least One Visit	133	27.7%
No Visits	348	72.3%
<b>Inpatient Admissions</b>		
At Least One Admission	85	17.7%
No Admissions	396	82.3%
<b>Mental Health Disorder (MHD) Inpatient Admissions</b>		
At Least One Admission	19	4.0%
No Admissions	462	96.0%
<b>Ambulatory Care Visits</b>		
At Least One Visit	364	75.7%
No Visits	117	24.3%
<b>Nursing Facility Admissions</b>		
At Least One Admission	16	3.3%
No Admissions	465	96.7%

## Participants with a Primary Diagnosis of SUD or MHD

Diagnosis	Frequency (N=481)	Percentage
<b>Primary Diagnosis of Substance Use Disorder (SUD)</b>		
Yes	123	25.6%
No	358	74.4%
<b>Primary Diagnosis of Mental Health Disorder (MHD)</b>		
Yes	248	51.6%
No	233	48.4%

Approximately a quarter of ACIS participants had a primary diagnosis (PDX) of SUD, while slightly over half had a PDX of MHD. If a participant had at least one PDX of MHD on one claim, and at least one PDX of SUD on different claim, they appear in both categories.

# Methodology and Data Sources

## Methodology

- Review included 481 ACIS participants who received at least one ACIS service during CY 2021
- Participant had to be Medicaid-eligible at time of ACIS service
- Only CY 2021 ACIS and MMIS2 services were included

## Data Sources

- ACIS data collected by the LEs
- Maryland Medicaid Management Information System (MMIS2) data

# Terms, Definitions, and Resources

Term	Definition
<b>ACIS Participants' Qualifying Criteria<sup>1</sup></b>	<ol style="list-style-type: none"> <li>Health Criteria (must meet at least one): <ul style="list-style-type: none"> <li>Repeated incidents of ED use (defined as more than four visits per year) or hospital admissions</li> <li>Two or more chronic conditions, as defined by §1945(h)(2) of the Social Security Act</li> </ul> </li> <li>Housing Criteria (must meet at least one): <ul style="list-style-type: none"> <li>Individuals who would experience homelessness upon release from the settings defined in 24 CFR 578.3</li> <li>Those at imminent risk of institutional placement</li> </ul> </li> </ol>
<b>Housing Case Management</b>	Assisting participants to connect with health care and social service providers and supporting independent living skills.
<b>Tenancy-Based Case Management</b>	Assisting participants to connect with housing programs that support one's medical needs in the home.
<b>Per Member Per Month (PMPM) Eligibility Payment</b>	For LEs to receive the PMPM payment for a participant, at least three PMPM-eligible services must be provided that month. When less than three of these services are provided, they are considered non-PMPM eligible services.
<b>Stable Housing</b>	Once a participant's living situation at the time of ACIS service delivery is any of the following, they are considered stably housed: permanent housing (other than rapid re-housing (RRH)) for formerly homeless persons; permanent housing (RRH); owned by client, with or without an ongoing housing subsidy; rental by client in a public housing unit, or with no ongoing housing subsidy, or with GPD TIP housing subsidy, or with a housing choice voucher, or with an other ongoing housing subsidy, or with VASH housing subsidy; foster care home or foster care group home; or host home (noncrisis).
<b>Substance Use Disorder</b>	COMAR 10.09.70.02 defines a primary SUD diagnosis as the inclusion of one of the following: ICD-10 diagnosis codes: F10-19, O99310-99315, O99320- 99325, R780-785 with Revenue codes 0114, 0116, 0124, 0126, 0134, 0136, 0154, 0156, 0762, 0900, 0905-0906, 0911-0916, 0918-0919, 0944-0945, 0450- 0452, 0456, 0459 OR Procedure codes 99.201-99.205, 99.211-99.215, J8499, J2315.
<b>Mental Health Disorder</b>	Any primary diagnosis with the following ICD-10 codes: Codes that begin with F200-203, F205, F2081, F2089, F209, F21-24, F250, F251, F258, F259, F28-29, F301-304, F308-325, F328-334, F338-341, F348-349, F39-45, F48, F50, F53-54, F60, F63-66, F68-69, F843, F900-902, F908-913, F918-919, F930, F938-942, F948-949, F980-981, F984, F9888-989, F99, G21, G24-25, R45, O99, Z046 according to the COMAR definition of MHD.
<b>Maryland Department of Health's ACIS Resource Page</b>	<sup>1</sup> <a href="https://health.maryland.gov/mmcp/Pages/Assistance-in-Community-Integration-Services-Pilot.aspx">https://health.maryland.gov/mmcp/Pages/Assistance-in-Community-Integration-Services-Pilot.aspx</a>